

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90006 040 ****61.25

DOCUMENT # N99000000626					
1. Entity Name MONTEBELLO AT MARTIN DOWNS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3121 SW MONTEBELLO PL PALM CITY, FL 34990			Mailing Address P.O. BOX 2024 PALM CITY, FL 33491		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0290833	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TWOHEY, JOHN 3121 SW MONTEBELLO PL PALM CITY, FL 34990			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYD, THOMAS 3089 SW MONTEBELLO PL PALM CITY, FL 34990		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR GRAY, Tony 3065 SW MONTEBELLO PLACE PALM CITY, FLORIDA 34990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAYOR, MARY 3017 SW MONTEBELLO PL PALM CITY, FL 34990		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR LEACH, ROBERT 3105 SW MONTEBELLO PLACE PALM CITY, FLORIDA 34990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MEAD, TOM 3137 SW MONTEBELLO PLACE PALM CITY, FL 34990		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TWOHEY, JOHN 3121 MONTEBELLO PALM CITY, FL 34990		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLESPIE, JIM 3113 SW MONTEBELLO PLACE PALM CITY, FL 34990		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Thomas J Mead</i>			1/12/05 772-219-0255		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		